



Montgomery County Maryland
Department of Permitting Services
(240) 777-6240
<http://permittingservices.montgomerycountymd.gov>

255 Rockville Pike, 2nd Floor
Rockville, Maryland 20850-4153
Fax (240) 777-6262



APPLICATION FOR BENEFIT PERFORMANCE PERMIT

PLEASE PRINT

Date of Application _____ License # _____
FOR OFFICE USE ONLY

Site Property/Address

Location of Benefit Performance: _____

CITY

STATE/PROVINCE

ZIP/PC

Applicant/Applicant Contacts

Name of Responsible Person: _____
LAST FIRST MIDDLE

Name of Organization: _____

Mailing Address: _____

CITY

STATE/PROVINCE

ZIP/PC

Day Phone: _____ Evening Phone: _____

Custom/Purpose

Type of Benefit Performance: _____
IF THIS IS A CARNIVAL LIST NAME AND TELEPHONE NUMBER OF OWNER

Date and Time of Benefit Performance: _____

Nearest Cross Street: _____

Distance to Nearest Dwelling in Feet: _____

Is Food Being Served? Yes ☐ No ☐

If yes, have you applied for a Food Service License? Yes ☐ No ☐

Are Alcoholic Beverages Being Served Yes ☐ No ☐

If yes, have you applied for a Temporary Alcoholic Beverage License? Yes [] No []

***PLEASE SUBMIT CHECK OR MONEY ORDER (PAYABLE TO "MONTGOMERY COUNTY, MARYLAND") WITH APPLICATION. CASH NOT ACCEPTED. FEES INCLUDE AN ADDITIONAL AUTOMATION IMPROVEMENT SURCHARGE OF 10%.**

*LICENSE FEE: \$50.60

NOTE: A COPY OF THE ORGANIZATION'S FEDERAL TAX EXEMPTION NUMBER MUST BE SUBMITTED WITH THE APPLICATION OR VERIFICATION THAT THE ORGANIZATION IS IN COMPLIANCE WITH THE MARYLAND CHARITABLE SOLICITATIONS ACT TITLE 6 BUSINESS REGULATION, ARTICLE SECTION 6-101 AND SECTION 6-411 OF THE ANNOTATED CODE OF MARYLAND.

AFFIDAVIT

I, as applicant, do solemnly avow that all statements are true, that the organization is bonafide, and that I am aware of the penalties for operating in violation of the requirements of the Montgomery County Code.

Signature of Responsible Person

Date: _____

Print Name

=====

FOR OFFICE USE ONLY

License #:_____ Fee:_____ Receipt # :_____ Date:_____

Date Application Approved: _____ Disapproved: _____

Reviewer: _____

Remarks: _____
